

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

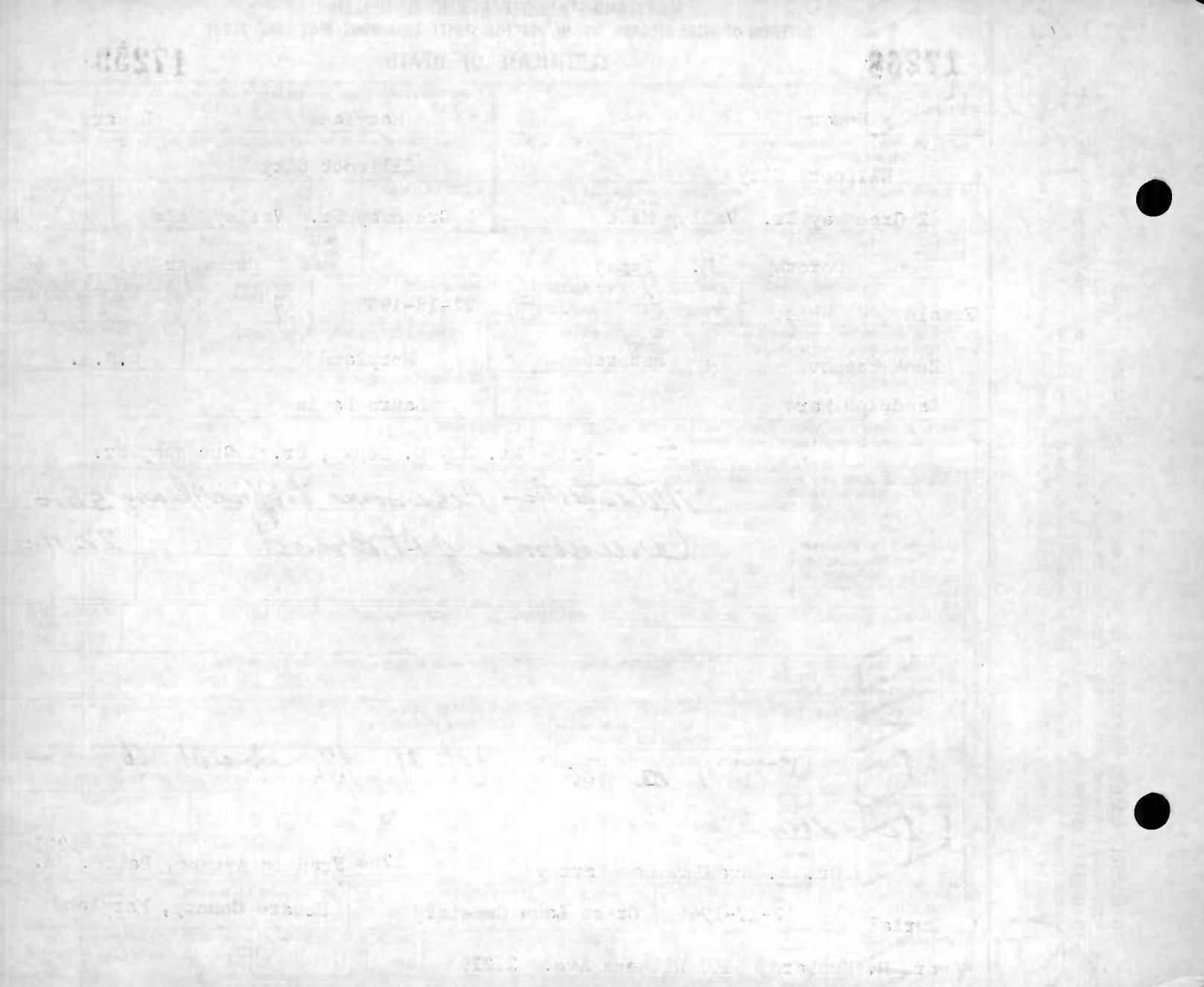
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit Permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

17268

CERTIFICATE OF DEATH

17259

1. PLACE OF DEATH a. COUNTY Howard MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Howard	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City 13.1	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 2 Greenway Dr. Valley Mede		d. STREET ADDRESS 2 Greenway Dr. Valley Mede	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Dorothy M. Bopst	First Dorothy	Middle M.	4. DATE OF DEATH Month December 14, 1966
5. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-18-1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book keeper		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (In years last birthday) 57 yrs.
13. FATHER'S NAME Randolph Ward		14. MOTHER'S MAIDEN NAME Laura Davis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> (If yes give war or dates of service)		16. SOCIAL SECURITY NO. 213-03-3516	17. INFORMANT Address Mr. Roy C. Bopst, Sr. 2 Greenway Dr.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma to Ovar & Lung 5 mo DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Carcinoma of Pt Breast. (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 22 mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Name, farm, factory, street, office bldg, etc.)
21. I certify that (I) (this hospital) attended the deceased from Dec 21, 1965 , to Dec 14, 1966 , that (I) (we) last saw the deceased alive on Dec 13, 1966 , and that death occurred at 10 A.M. from causes and on the date stated above.		20f. (City or town) (County) (State)	
22a. SIGNATURE Bradley Daugharty		M.D. <input type="checkbox"/> ATTENDING PHYS. <input checked="" type="checkbox"/> M.O. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22b. DATE SIGNED 21227
22c. PHYSICIAN'S NAME (Type) Dr. A. Bradley Daugharty		22d. ADDRESS 1264 Francis Avenue, Balt. Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 12-17-1966	23c. NAME OF CEMETERY OR CREMATORIAL Crest Lawn Cemetery
24. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave.		ADDRESS 21229	25a. REC'D BY REGISTRAR DATE DEC 19 1966
			25b. REGISTRAR'S SIGNATURE Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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17269

CERTIFICATE OF DEATH

17260

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Howard MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Howard	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City	c. LENGTH OF STAY IN lb 31 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City, Md.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 380 Church Lane		d. STREET ADDRESS 380 Church Lane	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) IRMA REGINA CULLUM		First IRMA	Middle REGINA
4. DATE OF DEATH Dec. 9, 1966	Month Dec.	Doy 9	Year 1966
S. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	8. DATE OF BIRTH June 18, 1909
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (County & State, or foreign country) Baltimore Co., Md.
13. FATHER'S NAME Eugene Cavey		14. MOTHER'S MAIDEN NAME Lottie Cougle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Harry Cullum 380 Church Lane Ellicott City,
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)		Address Md.	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hypertensive Cardio Vascular Disease		INTERVAL BETWEEN ONSET AND DEATH 3 months	
443X Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last. (b) (c)		DUE TO	
DUE TO			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Ellicott City, Md.
20f. (City or town) Ellicott City		(County) Md.	
(State) Md.			
21. I certify that (I) (this hospital) attended the deceased from 10-14 , 19 66 , to 12-5 , 19 66 that (I) (we) last saw the deceased alive on 12-9 19 66 and that death occurred at Ellicott City, Md. from causes and on the date stated above.		22b. DATE SIGNED 12-12-66	
22c. PHYSICIAN'S NAME (Type) George E. Burgtoft M.D.		22d. ADDRESS 42 Church Rd. Ellicott City, Md.	22b. DATE SIGNED 12-12-66
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Dec. 13, 1966	23c. NAME OF CEMETERY OR CREMATORIAL Good Shepherd Cemetery
23d. LOCATION (City or Town) Ellicott City, Md.		(County) Howard	
24. FUNERAL DIRECTOR Easton Funeral Home		ADDRESS Catonsville, Md.	25a. REC'D BY REGISTRAR Charles Judge
		DATE DEC 13 1966	25b. REGISTRAR'S SIGNATURE Charles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE
HEALTH DEPT.

17270

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17261

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY HOWARD			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND b. COUNTY Maryland								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN lb		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Rts. 40 & 32, Howard County			d. STREET ADDRESS 1226 W. Lafayette Avenue			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) LILLIE ARETHA HARGES			4. DATE OF DEATH Month December			Day 16	Year 1966				
S. SEX Female	6. COLOR OR RACE Negro	7. MARRIED WIDOWED <input type="checkbox"/>	NEVER MARRIED DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 2-22-1932	9. AGE (In years last birthday) 34 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse			10b. KIND OF BUSINESS OR INDUSTRY Hospital			11. BIRTHPLACE (State or foreign country) PanTego, N.C.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME JAMES HARGES			14. MOTHER'S MAIDEN NAME Jessie Clark Hargas								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. UNK.			17. INFORMANT Troy Hargas 604 Cherry Crest			Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Chest.									INTERVAL BETWEEN ONSET AND DEATH		
8/6/1 Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause (b) (c)									DUE TO		
DUE TO (b) DUE TO (c)									DUE TO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)									19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Driver in auto-truck collision.								
20c. TIME OF INJURY Month, Day, Year Hour XXXX p.m. 12/16 1966			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (Name, farm, factory, street, office, bldg., etc.) Street			20f. (City or town) Howard	(County) Md.	
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>									22. DATE SIGNED 12/17/66		
ACTUAL SIGNATURE <i>Charles S. Petty</i>									CHIEF MEDICAL EXAMINER <input type="checkbox"/>		
EXAMINER'S NAME (Type) Charles S. Petty									ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>		
EXAMINER'S NAME (Type) Charles S. Petty									DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE THEREOF 12-22-66			23c. NAME OF CEMETERY OR CREMATORIAL Deciple Church Cem.			23d. LOCATION (City or Town) PanTego	(County) N.C.	(State)
24. FUNERAL DIRECTOR MORTON & DYETH 1901 LAURENS ST.			ADDRESS			25a. REGD. BY REGISTRAR DEC 20 1966			25b. REGISTRAR'S SIGNATURE <i>James Judge</i>		
									DATE		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

17271

CERTIFICATE OF DEATH

17262

1. PLACE OF DEATH a. COUNTY	Howard		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	Maryland		a. STATE Maryland
c. LENGTH OF STAY IN 1b	16 yrs		b. COUNTY Howard
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Same		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 13.1
3. NAME OF DECEASED (Type or print)	First	Middle	4. DATE OF DEATH Month Day Year
Martha Lucinda Hepner			Dec. 31 1966
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH March 24, 1886
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. AGE (in years last birthday) 80 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country) Carroll Co. Maryland
Practical Nurse			12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Asa Hepner	14. MOTHER'S MAIDEN NAME Margaret Annette Worfield		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 216-07-3253	17. INFORMANT Elizabeth Hepner (sister)-Woodbine	Address Rt 2 -
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular Disease 4221			
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (c)			
DUE TO DUE TO DUE TO			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
19			
21. I certify that (I) (this hospital) attended the deceased from 1963, to 1966, that (I) (we) last saw the deceased alive on Dec 1966, and that death occurred at 720 M, from the causes and on the date stated above.			
22a. SIGNATURE W.B. Cudwell			
22b. DATE SIGNED 12/31/66			
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS Mt. Airy, Md		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF 1-3-67	23c. NAME OF CEMETERY OR CREMATORI Springfield Cemetery	23d. LOCATION (City, town or county) Sykesville (State) Md.
24. FUNERAL DIRECTOR Harry W. Haight	ADDRESS Sykesville, Md.	25a. REC'D BY REGISTRAR Charles Judge	25b. REGISTRAR'S SIGNATURE
VR A15 (4) 20M 1/65		DATE JAN 4 1967	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

17272

17263

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE					
HOWARD MARYLAND		Md HOWARD					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		b. COUNTY					
ELKRIDGE		ELKRIDGE					
c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS					
5413 MAIN ST.		5413 MAIN ST.					
e. IS RESIDENCE ON A FARM?		e. IS RESIDENCE ON A FARM?					
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print)		First	Middle	Last	Month	Day	Year
JAMES B. MEYER					DEC	19	1966
4. DATE OF DEATH							
5. SEX		6. COLOR OR RACE		7. MARRIED		8. DATE OF BIRTH	
m		w		<input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED		2/5/16	
						9. AGE (in years (last birthday))	
						50	yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
LAB TECH		WESTINGHOUSE		MD.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
OTTO MEYER		LOUISE ULLMAN					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address	
YES		WW II		ROSE V. CUGGE MEYER			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 181.0 DUE TO Carcinoma of Bladder INTERVAL BETWEEN Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) C General Melastoma onset and death (c) Secondary carcinoma 3 mo							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Month, Day, Year		20d. INJURY OCCURRED	
20a.				Hour a.m. 19		While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, Office bldg., etc.)		20f. (City or town)		20g. (County)		20h. (State)	
21. I certify that (I) this hospital attended the deceased from Sept 1966 , to Dec 20, 1966 , that (I) last saw the deceased alive on Dec 17, 1966 , and that death occurred at 9:30 AM from the causes and on the date stated above.							
22a. SIGNATURE R.B. Brumbaugh							
22b. DATE SIGNED 12-19-66							
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS					
R.B. Brumbaugh		9609 Main St Elbridge 27 MD					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE THEREOF		23c. NAME OF CEMETERY OR CREMATORIAL		23d. LOCATION (City, town or county)	
BURIAL		12/22/66		Baltimore National		BAL To Md	
24. FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE	
E.S. MACNABB		301 FREDERICK RD				DATE DEC 23 1966 Charles Judge	
		2/12/66					

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1
FOR STATE
HEALTH DEPT.

17273

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17264

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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1. PLACE OF DEATH a. COUNTY HOWARD MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY HOWARD	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge,	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Box 308 Meadow Ridge Road		d. STREET ADDRESS Meadow Ridge Road, Box 308	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED WILBERT First WILBURT Middle NATHANIEL Surname SNELL		4. DATE OF DEATH December 16, 1966	
4. DATE OF DEATH December 16, 1966		Month Doy Year	
S. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/19/14
9. AGE (In years last birthday) 52 yrs.		10. IF UNDER 1 YEAR Months Doy Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles Snell		14. MOTHER'S MAIDEN NAME Bessie Dailey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Francis Snell 2406 Dorton Ct.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 9160 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) _____ stating the underlying cause (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Found in remains of burned home	
20c. TIME OF INJURY Month, Day, Year Hour o.m. 6:00 AM 12-16 1966		20d. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home	
20e. (City or town) Elkridge		(County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE <i>Charles S. Springate</i> EXAMINER'S NAME (Type) Charles S. Springate, M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	
22. DATE SIGNED December 16, 1966			
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 12/19/66	
23c. NAME OF CEMETERY OR CREMATORIAL Mt. Auburn		23d. LOCATION (City or Town) (County) (State) Baltimore, Maryland	
24. FUNERAL DIRECTOR Charles A. Rice 661 W. Barre St.		ADDRESS	
25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE	
DATE DEC 20 1966		<i>Charles Judge</i>	

1951

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH											
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
CERTIFICATE OF DEATH											
17274						17265					
1. PLACE OF DEATH a. COUNTY		Howard		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		Laurel (Rural)		c. LENGTH OF STAY IN lb		a. STATE Md		b. COUNTY Howard			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		2306 Scogginsville Road		First Middle Last		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Rural) Laurel		d. STREET ADDRESS Harding Rd		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		L O I S Catherine Soder		4. DATE OF DEATH 12 15 1966		5. SEX F		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 8. DATE OF BIRTH Jan 16 1893 73 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		Housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (County & State, or foreign country) Maryland		9. AGE (In years last birthday) 73 yrs.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas Conan		14. MOTHER'S MAIDEN NAME Margaret Disney		15. WAS DECEASED EVER IN U.S. ARMED FORCES? no		16. SOCIAL SECURITY NO.		17. INFORMANT Robert		Address Mrs. Philip Sanders, Laurel Md.	
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)		DUE TO		Arteriosclerotic C. V. R. Dis -		INTERVAL BETWEEN ONSET AND DEATH 4 yrs -					
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		(b)		Coronary Atherosclerosis -		18 yrs -					
{		DUE TO		Gen'l Arteriosclerosis		20 yrs -					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)											
Diabetes Mellitus											
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OP. CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)									
20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)		(State)	
19											
21. I certify that (I) (this hospital) attended the deceased from 11/22/65 to 12/15/66, that (I) (we) last saw the deceased alive on 12/19/66, and that death occurred at 12:30 P.M. from the causes and on the date stated above.											
22a. SIGNATURE J. M. Warren		M.D.		ATTENDING PHYS. <input checked="" type="checkbox"/>		MED. DIRECTOR <input type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED	
22c. PHYSICIAN'S NAME (Type) J. M. WARREN		22d. ADDRESS Laurel Md.									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 12-17-66		23c. NAME OF CEMETERY OR CREMATORIAL Emmanuel Cemetery		23d. LOCATION (City, town or county) Scogginsville Md.		(State)			
24 FUNERAL DIRECTOR'S SIGNATURE DeWitt Sandoval		ADDRESS Laurel Md.		25a. REC'D BY REGISTRAR DEC 31 1966		25b. REGISTRAR'S SIGNATURE Judge		DATE			
VR A15 (4) 20M 5-63											

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

17275

CERTIFICATE OF DEATH

17266

1. PLACE OF DEATH

a. COUNTY

Hanover

MARYLAND

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Savage

c. LENGTH OF STAY IN lb

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

110 Washington St

3. NAME OF
DECEASED
(Type or print)

First
ESTHER

Middle
L.

Last
Stonesifer

4. DATE
OF
DEATH

12

14

1966

5. SEX

6. COLOR OR RACE

F

W

7. MARRIED NEVER MARRIED

B. DATE OF BIRTH

WIDOWED

DIVORCED

Sept 18 1897

9. AGE (in years
last birthday)

69
yrs.

IF UNDER 1 YEAR

Months
Days

IF UNDER 24 HRS.

Hours
Min.

10e. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

Same

11. BIRTHPLACE (County & State, or foreign country)

Leicester, Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Mack Byrd

14. MOTHER'S MAIDEN NAME

Katie Poster

Address

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give rank or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a):

331X
Conditions, if any, which
gave rise to immediate cause
(a), stating the underlying
cause last.

DOUE TO

(b)

DOUE TO

(c)

Cerebral vascular accident.

INTERVAL BETWEEN
ONSET AND DEATH

severe generalized arteriosclerosis,

Cerebral arteriosclerosis,

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY
PERFORMED?

YES NO

MEDICAL CERTIFICATION

20a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year
Hour e.m. 19
p.m.

20d. INJURY OCCURRED
While Not While
at work at work

20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)
(County)

(State)

21. I certify that (I) (this hospital) attended the deceased from 1-14, 1965 to 12-12, 1966, that (I) (we) last saw the deceased alive on 12-12, 1966, and that death occurred at 7:58 P.M. from the causes and on the date stated above.

22a. SIGNATURE

Edolo Pierandrei / M.D.

ATTENDING
PHYS.

MED.
DIRECTOR

STAFF
PHYS.

22b. DATE
SIGNED
12-16-66

22c. PHYSICIAN'S
NAME (Type)

22d. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial 12-17-66

23b. DATE THEREOF

Savage Cem.

23d. LOCATION (City, town or county)

Savage Md

(State)

24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Kle Witt Donaldson, Laurel Md

25a. REC'D. BY REGISTRAR

DEC 21 1966

DATE

25b. REGISTRAR'S SIGNATURE

Charles Juge

DATE

2051

2050 to 2051

2051

20 41 51

20512052

2052

Two black colored beetles
from same tree beginning west
immatured in the darker.

" 21-51 20 41-1

21-1

2051

Two black beetles

20-21 21

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item 3 Film G384 1/3/67 mb

17276

CERTIFICATE OF DEATH

17267

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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1. PLACE OF DEATH a. COUNTY Howard			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City			c. LENGTH OF STAY IN 1b		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Taylor Manor Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.		
3. NAME OF DECEASED (Type or print) Carrie E. Stuhmann			First	Middle	Lost
4. DATE OF DEATH December 31 1966			Month	Day	Year
S. SEX female	6. COLOR OR RACE white	7. MARRIED WIDOWED <input checked="" type="checkbox"/>	NEVER MARRIED DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10/1/85	9. AGE (In years lost birthday) 81 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inter State Commerce U. S. Government			10b. KIND OF BUSINESS OR INDUSTRY Maryland		
13. FATHER'S NAME Jefferson J. Bandell			14. MOTHER'S MAIDEN NAME Mary Lusking		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes give war or dates of service yes			16. SOCIAL SECURITY NO.		
17. INFORMANT Dixie W. Clossen-St.Joseph, Michigan			Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH 20 min.		
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 420.1			DUE TO (b) Coronary thrombosis DUE TO (c) Arteriosclerosis, generalized		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Chronic Brain Syndrome associated with senile brain disease			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> of work <input type="checkbox"/> at work <input type="checkbox"/>			
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from Feb. 8 1965 , to Dec. 31, 1966 that (I) (we) last saw the deceased alive on December 31 1966 , and that death occurred 10:20 AM , from causes and on the date stated above.					
22a. SIGNATURE Stephen Lee Magness			22b. DATE SIGNED Dec. 31, 1966		
22c. PHYSICIAN'S NAME (Type) Stephen Lee Magness, M.D.			22d. ADDRESS Taylor Manor Hosp., Ellicott City, Md.		
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 1/2/67		23b. DATE THEREOF 1/2/67		23c. NAME OF CEMETERY OR CREMATORIAL Ft. Lincoln Crematory	
24. FUNERAL DIRECTOR The S.H.Hines Company		ADDRESS Washington, DC		25a. RECD BY REGISTRAR JAN 3 1967	
				25b. REGISTRAR'S SIGNATURE John Clark, Jr.	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND												17268				
CERTIFICATE OF DEATH																
1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland												
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Ellicott City				b. COUNTY Baltimore								c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)				
c. LENGTH OF STAY IN 1b Shaffers Convalescent Retreat				d. STREET ADDRESS Catonsville 21228								e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) EMMA J. THOMPSON				First	Middle	Last	4. DATE OF DEATH Dec. 13, 1966	Month	Day	Year						
5. SEX Female		6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 6/19/1889	9. AGE (In years last birthday) 77 yrs.	10. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (County & State, or foreign country) Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.	13. FATHER'S NAME Frederick Winterfield	14. MOTHER'S MAIDEN NAME Wilhelmina Radohl	15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT ERNEST A. THOMPSON	Address 9-Park Dr	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 422.1 Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. Arteriosclerotic Cardio Vascular Disease DUE TO (b) 5 yrs DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)												19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)												
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Ellicott City, Md		(County) Howard Co.		(State) Md.				
21. I certify that (I) (this hospital) attended the deceased from 11-18 , 19 66 , to 12-13 , 19 66 , that (I) (we) last saw the deceased alive on 12-12 , 19 66 , and that death occurred at Ellicott City, Md , from the causes and on the date stated above.												22a. SIGNATURE Thomas F. Herbert, M.D.	22b. DATE SIGNED 12-15-66			
22c. PHYSICIAN'S NAME (Type) Thomas F. Herbert, M.D.				ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>								22d. ADDRESS Ellicott City, Md				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE THEREOF 12/17/66		23c. NAME OF CEMETERY OR CREMATORIAL Broad Shepherd		23d. LOCATION (City, town or county) Howard Co. Md.		(State)						
24. FUNERAL DIRECTOR E.S. Mac Nabb				ADDRESS 301 Frederick Rd Baltimore 28 Md.								25a. REC'D BY REGISTRAR DEC 19 1966		25b. REGISTRAR'S SIGNATURE Charles Judge		

2021-01